

[Date]

[Patient Name]

[Patient Address]

[City, State, Zip Code]

Subject: FINAL WARNING: Termination of Medical Services Due to Chronic No-Shows

Dear [Patient Name],

This letter is to formally notify you regarding your attendance record at [Clinic Name]. Our records indicate that you have missed [Number] scheduled appointments on the following dates without providing prior notice:

- [Date 1]
- [Date 2]
- [Date 3]

We have previously sent you [Number] warning(s) regarding our attendance policy. Frequent "no-shows" disrupt our ability to provide care to other patients and interfere with your own medical treatment plan.

This is your final warning. Any further missed appointments without at least [24/48] hours' notice will result in your immediate discharge from our practice. If discharged, we will provide emergency care only for a period of 30 days while you locate a new healthcare provider.

We value your health and wish to continue providing your medical care. Please contact us at [Phone Number] if there are circumstances preventing you from attending your appointments or if you need to reschedule.

Sincerely,

[Signature]

[Name of Practice Manager or Physician]

[Clinic Name]